



10 MAR - 1 PM 4:10

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Buchanan	Joan		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE
OPTIONAL: E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Legislature

Division, Board, District, if applicable:

District 15

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 6

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached

Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached

Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached

Real Property

Schedule C ☐ Yes – schedule attached

Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached

Income – Gifts

Schedule E ☐ Yes – schedule attached

Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-1-10
(month day year)

Signature _____
(Use the originally signed statement with your filing official.)

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Joan Buchanan

<p>▶ NAME OF BUSINESS ENTITY AON Corporation</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Insurance Broker</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY Motorola</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Electronics</p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY Bank of America</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Bankin</p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY Halo Fund</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Venture Capital</p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other Limited Partner _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY JP Morgan Chase</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Banking</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY Blackrock Global</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Energy</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED</p>

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF BUSINESS ENTITY

First Eagle

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Mutual Fund

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name _____

► NAME OF SOURCE

Edison International

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Ave.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 17 / 09</u>	<u>\$ 16.50</u>	<u>Holiday Ornament</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Chamber

ADDRESS (Business Address Acceptable)

1215 K Street, Ste. 1400

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 29 / 09</u>	<u>\$ 98.65</u>	<u>Lunch and Reception</u>
<u>10 / 29 / 09</u>	<u>\$ 183.99</u>	<u>Dinner and Transportat</u>
<u>10 / 29 / 09</u>	<u>\$ 12.90</u>	<u>Tour</u>

► NAME OF SOURCE

Oracle Corporation

ADDRESS (Business Address Acceptable)

1415 L Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 25 / 09</u>	<u>\$ 125.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

CAPP

ADDRESS (Business Address Acceptable)

1215 K Stret

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 26 / 09</u>	<u>\$ 200.00</u>	<u>California Roast Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Microsoft Corporation

ADDRESS (Business Address Acceptable)

1415 L Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 28 / 09</u>	<u>\$ 71.59</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Family Winemakers

ADDRESS (Business Address Acceptable)

520 Capitol Mall, Ste. 260

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 06 / 09</u>	<u>\$ 7.40</u>	<u>Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Joan Buchanan
--

▶ NAME OF SOURCE
Tech America

ADDRESS (Business Address Acceptable)
455 Capitol Mall, Ste. 801

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 09	\$ 10.00	Chocolate computer
05 / 28 / 09	\$ 71.59	Dinner
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE
Karen Bass for Assembly 2008

ADDRESS (Business Address Acceptable)
777 S. Figueroa St, Ste. 4050, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 09	\$ 59.55	Dem. Dinner
01 / 08 / 09	\$ 72.52	Jacket
01 / 09 / 09	\$ 11.95	Breakfast

▶ NAME OF SOURCE
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st Street, Ste. 200 Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 73.27	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE
California Building Industry Assn.

ADDRESS (Business Address Acceptable)
1215 K Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 09	\$ 93.75	Annual Leg. Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE
California Cable & Telco. Assn.

ADDRESS (Business Address Acceptable)
1001 K Street, 2nd Floor

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 09	\$ 63.23	Reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE
Oracle Corp.

ADDRESS (Business Address Acceptable)
1415 L. Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 25 / 09	\$ 125.00	DinnerTribute/A.Torres
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____
--

► NAME OF SOURCE
Home Depot

ADDRESS (Business Address Acceptable)
101 Constitution Ave., NW Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 09	\$ 37.09	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Personal Care Products Council

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 09	\$ 14.00	Personal care product
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Consumer Attys of California

ADDRESS (Business Address Acceptable)
770 L Street, Ste. 200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 09	\$ 34.24	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
California State Employees Assn.

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 09	\$ 14.00	Ice Cream Social
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

RECEIVED

2009 AT

MAY 20 2010

SCHEDULE D

Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

BY:

2010 MAY 25 PM 3:53

EB

NAME OF SOURCE

Edison International

ADDRESS

2244 Walnut Grove Ave.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Power Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 09	\$ 16.50	Holiday Ornament
	\$	
	\$	

NAME OF SOURCE

California Alliance for Patient Protection

ADDRESS

1215 K Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 26 / 09	\$ 200.00	California Roast Dinne
	\$	
	\$	

NAME OF SOURCE

California Chamber

ADDRESS

1215 K Street, Ste. 1400

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 09	\$ 98.65	Lunch and Reception
10 / 29 / 09	\$ 183.99	Dinner and Transport
10 / 29 / 09	\$ 12.90	Tour

NAME OF SOURCE

Microsoft Corporation

ADDRESS

1415 L Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Software Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 09	\$ 71.59	Dinner
	\$	
	\$	

NAME OF SOURCE

Oracle Corporation

ADDRESS

1415 L Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Software Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 25 / 09	\$ 125.00	Dinner
	\$	
	\$	

Verification

Print Name Joan Buchanan

Office, Agency or Court Assemblymember

Statement Type ☒ 2008/2009 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/20/10
(month, day, year)

Signature _____

Comments:

2009 AT
SCHEDULE C

Income, Loans, & Business
Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

2010 MAY 25 PM 3:53

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Halo Fund

ADDRESS

2458 Embarcadero Way Palo Alto, CA 94303

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Venture Capital

YOUR BUSINESS POSITION

Investor

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Interest Earned

(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other

(Describe)

2. LOAN RECEIVED

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Verification

Print Name Joan Buchanan

Office, Agency or Court Assembly member

Statement Type ☒ 2008/2009 Annual ☒ Annual ☐ Assuming ☐ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

5/20/10

(month, day, year)

Signature

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2010 MAY 25 PM 3:53

2009 AT
SCHEDULE D
Income - Gifts

EB

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE

Tech America

ADDRESS

455 Capitol Mall, Ste. 801

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Technology Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 09	\$ 10.00	Chocolate Computer
05 / 28 / 09	\$ 71.59	Dinner
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Building Industry Association

ADDRESS

1215 K Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Building Industry Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 09	\$ 93.75	Annual Leg. Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Karen Bass for Assembly 2008

ADDRESS

777 S. Figueroa St., Ste. 4050, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Assemblymember

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 09	\$ 59.55	Dem. Dinner
01 / 08 / 09	\$ 72.52	Jacket
01 / 09 / 09	\$ 11.95	Breakfast

► NAME OF SOURCE

California Cable and Telco. Association

ADDRESS

1001 K Street, 2nd Floor

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cable Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 09	\$ 63.23	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Democratic Party

ADDRESS

1401 21st Street, Ste. 200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 73.27	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Verification

Print Name Joan Buchanan

Office, Agency or Court Assemblymember

Statement Type ☒ 2008/2009 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/20/10
(month, day, year)

Signature _____

Comments: _____

2010 MAY 25 PM 3:53

2009 AT
SCHEDULE D
Income - Gifts **EB**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE
Family Winemakers
ADDRESS
520 Capitol Mall, Ste. 260
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winemakers Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 06 / 09</u>	\$ <u>7.40</u>	<u>Beverage</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Consumer Attys. of California
ADDRESS
770 L Street, Ste. 200
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consumer Attys. Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 09</u>	\$ <u>34.24</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Oracle Corporation
ADDRESS
1415 L. Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Software Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 25 / 09</u>	\$ <u>125.00</u>	<u>DinnerTribute/A.Torres</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
California State Employees Association
ADDRESS
1108 O Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 17 / 09</u>	\$ <u>14.00</u>	<u>Ice Cream Social</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Home Depot
ADDRESS
101 Constitution Ave., Wash., D.C.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Home Improvement Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 06 / 09</u>	\$ <u>37.09</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Verification

Print Name Joan Buchanan

Office, Agency or Court Assembly member

Statement Type ☒ 2008/2009 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/20/10
(month, day, year)

Signature _____

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2010 MAY 25 PM 3:53

2009 AT
SCHEDULE D
Income - Gifts

EB

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE

Personal Care Products Council

ADDRESS

1101 17th Street, NW, Suite 300, Washington D.C

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cosmetics Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 09	\$ 14.00	Personal care product

____/____/____	\$ _____	_____
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____/____/____	\$ _____	_____
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► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
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____/____/____	\$ _____	_____
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► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
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____/____/____	\$ _____	_____
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► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
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► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
----------------	----------	-------

Verification

Print Name Joan Buchanan

Office, Agency or Court Assembly member

Statement Type ☒ 2008/2009 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

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(month, day, year)

Signature _____

Comments: _____